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CONFIRMATION NO. 2973

SERIAL NUMBER 10/627,591	FILING DATE 07/25/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 0029.10
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APPLICANTS

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** CONTINUING DATA *****

yes up
 This application is a CON of 09/266,720 03/11/1999 PAT 6,655,379
 which claims benefit of 60/078,212 03/16/1998
 and claims benefit of 60/078,214 03/16/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

21968
 NEKTAR THERAPEUTICS
 150 INDUSTRIAL ROAD
 SAN CARLOS , CA
 94070

TITLE

Aerosolized active agent delivery

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 1252</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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